Logbook Instructions for AGNP

NURS 755, NURS 757, and NURS 768

Rev. 1/29/2020

Grab the latest version of this guide at
www.hunter.cuny.edu/nursing/current-students/inplace

Hunter-Bellevue School of Nursing
Quick Start

1. Login to InPlace using the top button, ‘Login with Hunter NetID’
   https://huntercollege-us.inplacesoftware.com
   NetID Help: www.hunter.cuny.edu/it/help-docs/the-hunter-netid

2. Click Confirmed on the navigation menu to view your clinical placements, then click on a placement site to view its details.

3. Review the Details page to confirm that your seminar instructor, preceptor, and preceptor’s email address are all listed and correct.

4. From the Schedule tab, click the ‘Add Day to Schedule’ button.

5. Add a new shift to your schedule using 24-hour format for your start and end times (e.g., 6 PM is 18:00). Click Save.
   
   Note: Entries cannot be logged or submitted for a future shift until the date arrives.

6. Open the logbook for that shift by clicking on the book icon in the Action column (shown on far-right):

   ![Logbook Icon]
Confirm Your Attendance for a Shift

Confirm your attendance by entering your Actual Start and Actual End times for the day (detailed in Student Guide). All times must be entered in a 24-hour format (e.g., 6pm is 18:00), or click the Clock icon to open a time selector pop-up window. After completing this information, the Attended Hours field will calculate the total hours attended and a logbook form for documenting your patient encounters will appear underneath.

This comment field is not for clinical notes. Please use it only for timesheet comments (make-up day, preceptor was out, agency-wide training, etc.)

Clicking on the Clock icon next to the Start and End Time fields reveals a time selector pop-up window.
A logbook entry is divided into Sessions. One session should be used to document one patient encounter. Sessions are a “snapshot” of your clinical day—you are not required to log every patient seen. Refer to your course syllabus or contact your instructor to determine how many sessions (patient encounters) should be logged for each clinical day.

As you add more sessions to a logbook entry, sidebar menu to navigate between them.

Add the patient’s initials after the session number to make it more meaningful (e.g. “Session 1 - JD”)
Under Activities, log how much time was spent and your level of independence interacting with the patient (compared to that of your preceptor).

1. Click the ‘Activity Category’ column and select **Time with Patient**

2. In the ‘Activity’ column, choose the best option to rate your level of independence in interacting with the patient relative to that of your preceptor. If you saw no patients that day, select **N/A (Explain in comments)**.
Enter the time spent with this patient using an **HH:MM** format. For example, fifteen minutes would be 00:15.

You can elaborate on your responses using the Additional Comments field if needed (optional).

The side panel will display the Activity Times spent in each session as well as a total for the day.
After completing the **Activity (Time with Patient)** section, continue to **Patient Demographics** to enter the patient’s age (in years), age group, gender, insurance type, and racial background. Add supporting comments as needed.

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**Sample Patient Demographics** with all fields completed. Not completing all demographics fields may result in a points deduction and/or in your entry being returned to you for revision.
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Continue to the next section, Clinical Information, to record the patient’s chief complaint, reason for visit, social problems addressed, current medications and supplements, screenings performed or ordered, and the type of decision making (complexity) of the visit. Add supporting comments as needed.

1. **Chief Complaint** (short text entry). In the first field, enter the patient’s chief complaint in quotes.

2. **Reason for Visit** (dropdown menu): select from Episodic, ER/ED Visit, Initial Visit, Follow-up, etc. Some visit types may not be applicable to your agency setting.

3. **Social Problems Addressed** (checklist): select as many options shown here as necessary. Use Supporting Comments field to provide more details as needed.
**Clinical Information**

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Clinical Information, continued:

<table>
<thead>
<tr>
<th>Medications (text entry): briefly list any current medications that may be relevant to this visit, including the class of medication. If the patient is not taking any medications, write “None”.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Box 4b</strong>: briefly list any current Over-the-Counter (OTC) medications/supplements that may be relevant to this visit or interact with other medications. If no OTC/Supplements, write “None”.</td>
</tr>
<tr>
<td><strong>Screenings Performed or Ordered</strong>: select if preventative screenings were performed or ordered, and indicate which screenings were used in the Supporting Comments area.</td>
</tr>
<tr>
<td><strong>Type of Decision Making</strong> (dropdown menu): CPT Code Equivalent; select from Straightforward; Low, Moderate, or High Complexity.</td>
</tr>
</tbody>
</table>
The ICD/CPT Codes section provides a directory of ICD-10 diagnostic and CPT procedure codes to help classify the diagnoses, symptoms, and procedures observed or performed during the visit. The CPT directory is limited to the top 500 most-used codes.

1. Click + Add Industry Code to add a row.
2. Select either CPT or ICD-10 from the dropdown menu to view the list of available codes and descriptions in the next column.
3. As you type in a code, a list of suggested codes will appear underneath.
Additional Information

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Use the last section, **Additional Information**, to provide other information not covered elsewhere (optional).

When you are finished logging a session, click **Add Session** to create a new one.

Click **Save** to save the entry as a Draft and return to it later.

Click **Submit** if you are done logging for the day.
The bottom of the logbook allows you to add a comment (optional) and includes buttons to Add a Session, Delete a Session (or entire day if only one session exists), Save (as a draft), Submit, Withdraw (if submitted), or Revise (if marked ‘Revise’ by your instructor).

When approving and/or finalizing your logbook, your instructor will provide feedback and assess the overall quality of your entry (Excellent, Good, or Fair) here.
Add or Copy a Session

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To add a session (i.e., patient encounter), click the +Add Session button at the bottom of the entry. A new session will appear under your existing sessions in the side panel, where you can navigate between them.

You can also copy data from a past session into a selected session, which overwrites the data in the current/selected session with data from the old one. Select which session you wish to overwrite (or add a new one), then click Copy Session. Choose the date and session you would like to copy in the pop-up window, then click ‘Make a Copy’.

Copied sessions overwrite the selected session you are viewing (highlighted in the side panel), so make sure you have selected a new [empty] one before confirming the copy.
Logbook Submission Statuses

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The Schedule tab lists all logbook submissions and their approval statuses:

- **DRAFT** – Not yet submitted
- **SUBMITTED** – Awaiting approval by supervisor (i.e., seminar instructor)
- **APPROVED** – Approved by supervisor; awaiting final review by primary instructor/program coordinator
- **FINALIZED** – Approved by supervisor and primary instructor/program coordinator
- **REVISE** – Revise and resubmit for approval (appears in your ‘To Do’ list on the home page)

Keep an eye on the **Status** column in case a submitted log requires revision. These will be marked **REVISE** and will also appear in your **To Do** list on the home page:
Withdraw a Submitted Logbook

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Once you submit a logbook, its status in the side panel changes to *Submitted*.

If you need to make revisions, open the submitted logbook and click the **Withdraw** button at the bottom. Logs can only be withdrawn if they have not yet been *Approved*. Once approved, no further edits can be made until your seminar or primary instructor changes the status to *Revise*.
Review Approved Logs for Feedback

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Be sure to open your Approved entries to review the feedback provided by your seminar instructor in the Supervisor Comments area.

The amount of feedback you receive may vary from week to week, but your entries should be reviewed and approved on a regular basis throughout your placement.
Leaving empty rows in the Activity (Time with Patient) table or the Industry Code section will result in an error when trying to submit your entry. Be sure to delete all empty rows before submitting.

A session with a validation issue (error) will be listed in the side panel in red. The session will turn black when the error is resolved, indicating the entry can be submitted successfully.
Submitting Documents (File Upload)

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Your course may also require comprehensive patient assessments and episodic/SOAP notes to be submitted as document uploads *in addition* to logging patient encounters in your logbook.

To submit written assignments, click your *username* from the navigation bar, then select *My Details*. Scroll down to find the file upload fields for your course.

<table>
<thead>
<tr>
<th>NURS 755 (PC1) Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>N755 Comprehensive Note 1 (Patient Case Write-up)</em></td>
</tr>
<tr>
<td>N755 Comprehensive Note 1</td>
</tr>
<tr>
<td>N755 Comprehensive Note 1 Supplement 1</td>
</tr>
<tr>
<td>N755 Comprehensive Note 1 Supplement 2</td>
</tr>
<tr>
<td>N755 Comprehensive Note 1 Supplement 3</td>
</tr>
<tr>
<td>N755 Comprehensive Note 1 (Instructor feedback)</td>
</tr>
</tbody>
</table>
Submitting Documents (File Upload)

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1. Click the plus sign (+) on the top-right of the submission field to expand the form.
2. Check the box to confirm that the submission is your own work (Field will change to “Yes”).
3. Add a comment to describe the assignment (optional).
4. Select or drag the file to be uploaded.
5. Click Submit when done.

PC2 Comprehensive note 1 upload

Yes

I acknowledge the attached uploaded document is my own work for PC2 comprehensive note 1

Comments

First comprehensive patient note from 2/13/18 shift.

Attachment

Select or drag a file

Submit  ❌Cancel  Reset
Submitting Documents (File Upload)

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A completed assignment upload field will show a **Yes** to indicate that the checkbox was ticked, a speech bubble icon to indicate that a comment was included, and a paper clip icon to indicate that an attachment was uploaded.
Submitting Documents (File Upload)

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Each assignment has a corresponding field under it for instructors to return your assignment with their revisions and feedback included in the document.

• Check your My Details page for graded assignments returned to you by your instructor.

Download the attachment to review your instructor’s comments and markup in the document.

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PC2 Comprehensive Note 1 (Instructor feedback)

Yes

Instructor feedback provided for PC2 Comprehensive Note 1

Comments

Here is my feedback on your first note submission. Good job.

Submit  ✗Cancel  Reset